

MONTANA BOARD OF OUTFITTERS
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**APPLICATION FOR:
OUTFITTER OPERATION PLAN**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. THIS APPLICATION MUST BE SUBMITTED WITH THE REQUIRED FEES. PROCESSING TIME IS APPROXIMATELY 30-DAYS FROM THE DATE THAT THE BOARD HAS A COMPLETE ROUTINE APPLICATION. CHECK THE APPLICABLE BOX BELOW:

- ☐ NEW OPERATION PLAN - \$500.00 ☐ ADD ADDITIONAL SERVICES TO EXISTING LICENSE - \$450.00
☐ UPDATE EXISTING PLAN /REACTIVATION – No fee required on this part

SECTION A: OUTFITTER AND BUSINESS RELATIONSHIP

1. Provide the name of the licensed outfitter or proposed outfitter (if new applicant) that will be performing the functions contained in this operation plan and the name of the business, if any, under which operations are conducted.

OUTFITTER _____
BUSINESS _____

2. Provide the following information:

RESIDENTIAL INFORMATION

HOME PHONE _____

FAX _____

E-MAIL ADDRESS _____

ADDRESS _____

CITY, STATE _____

ZIP CODE _____ COUNTY _____

BUSINESS INFORMATION

BUSINESS PHONE _____

FAX _____

E-MAIL ADDRESS _____

ADDRESS _____

CITY, STATE _____

ZIP CODE _____ COUNTY _____

BASE OF OPERATIONS INFORMATION (HUNTING APPLICANTS ONLY)

PHONE _____

FAX _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

ZIP CODE _____ COUNTY _____ FWP REGION # _____

[Note: *Base of Operations* is "the primary physical location where an outfitter receives mail and telephone calls, conducts regular daily business, and bases livestock, equipment, and staff during the hunting season " Sec. 37-47-101(2), MCA]

3. Indicate your preferred mailing address: ☐ HOME ☐ BUSINESS

4. Indicate whether the outfitting business is: ☐ INDIVIDUALLY OWNED ☐ LLC* ☐ PARTNERSHIP* ☐ CORPORATION*

*List the name of the Partnership, LLC, or Corporation:

5. Indicate one or more of the following as applicable:

Outfitter is: ☐ Sole owner ☐ Partial owner ☐ No ownership interest ☐ Manager ☐ Employee or contractor

6. If other than the outfitter, provide the name, address and phone number of the sole proprietor, the principal managing general partner or the principal corporate officer or director.

NAME _____
ADDRESS _____

7. If the business is a partnership, LLC, or corporation, provide the names of the general partners or principal shareholders.

(a) _____
(b) _____

SECTION B: FISHING OPERATIONS

Outfitter Name: _____
Business Name: _____ (If applicable)
Outfitter License Number: _____ (If new applicant write "pending")

MARK HERE IF NOT APPLICABLE _____

1. Indicate all services provided in the fishing operation by placing a check in all the space(s) that apply.

TYPE OF FISHING SERVICES	TYPE OF TRANSPORTATION	TYPE OF SERVICE
Float fishing _____	Floating watercraft _____	Day use _____
Motor boat on lake _____	Vehicle _____	Overnight lodging _____
Motor boat on rivers _____	Saddle/pack animals _____	Overnight camping _____
Wade fishing _____	Motorized watercraft _____	Drop camps _____
Float tubing _____	Snowmobile _____	Other (Explain) _____
	Aircraft _____	

2. Provide the following information for your fishing services .

- (a) Identify each river, reservoir, or lake fished and provide requested information applying to each. Use one line for each water, identifying river stretches used by the upper and lower-most access points by common bridge names and/or fishing access sites. List the name of the lake or reservoir and access point being used.
- (b) When operations are conducted on lands or waters where an agency permit is required, a copy of your current permit from that issuing agency **MUST** be attached. If operations are conducted on lands or waters privately owned a completed Land Use Approval Form **MUST** be attached. Attach additional copies of this page if more lines are needed. If using motorized watercraft on navigable waters, you must attach a copy of your U.S. Coast Guard captains license.

RIVER OR LAKE FISHED	PORTION OF RIVER OR LAKE FISHED	PERMITTING AGENCY/ OWNER	AVERAGE LENGTH OF TRIP-DAYS	APPROX. # OF TRIPS PER YEAR	MAX # OF GUESTS SERVED AT ONE TIME **	DAY USE, OVERNIGHT USE, OR BOTH	TYPE OF LODGING PROVIDED

** - You must have sufficient equipment identified in this operations plan to provide services for the maximum number of guests listed.

FACILITY LOCATIONS (ONLY IF YOU PAY FOR OR PROVIDE THE LODGING):

TYPE OF FACILITY	LOCATION, (Section, Township, Range)	PHYSICAL ADDRESS	NAME OF RANCH OR MOTEL

SECTION B: HUNTING OPERATIONS

Outfitter Name: _____
Business Name: _____ (if applicable)
License Number: _____ (If new applicant write "pending")

MARK HERE IF NOT APPLICABLE _____

1. Indicate all services provided in the hunting operation by placing a check in all the space(s) that apply.

TYPE OF HUNTING SERVICES	TYPE OF TRANSPORTATION	TYPE OF SERVICE
Big game _____	Floating watercraft _____	Day use _____
Spring bear _____	Vehicle _____	Overnight lodging _____
Upland birds/waterfowl _____	Saddle/pack animals _____	Overnight camping _____
Archery _____	Snowmobile _____	Drop camps _____
Hunting with hounds _____	Aircraft _____	Spike camps _____
	Motorized watercraft _____	Other (Explain) _____

2. Provide the following information for your hunting service.

- (a) Identify each type of game hunted by species (e.g., elk, deer, bear, upland bird, waterfowl, etc.) and provide the requested information applying to each. Use more than one line per type, if necessary. (Note: The number of trips per year multiplied by the number of maximum guests served at one time must agree with the proposed client numbers requested on the Net Client Hunting Use application or service days on special use permit.)
- (b) Attach a completed land use form (Form L-1) with landowner information or a copy of your current permit from the authorized permitting agency for the land and water where operations are conducted. If using motorized watercraft on navigable waters, you must attach a copy of your U.S. Coast Guard captains license.
- (c) Attach completed Net Client Hunting Use application if operating on lands other than National Forest.

Type of Game	District Hunted (FWP)	Drainage or Specific Area Hunted	Permitting Agency or Landowner	Counties Hunted	Average length of Trips (Days)	Approximate Number of Trips Per Year	Maximum Number of Guests at One Time	Day Use, Overnight, or Both	Type of Lodging Provided

FACILITY LOCATIONS (ONLY IF YOU PAY FOR OR PROVIDE THE LODGING):

Type of Facility	Location, (Section, Township, Range)	FWP Region	Physical Address	# of Miles from Base of Operations	Name of Ranch or Motel

SECTION D: EQUIPMENT AND INSPECTION

Provide the requested information for facilities, livestock, tack and equipment for overall outfitter operation.

a. FACILITIES (ONLY IF YOU PAY FOR OR PROVIDE THE LODGING):

Lodges: Number of lodges: ____, # Owned ____ #Leased ____; rooms ____ and beds ____.

Are meals provided at the lodge? Yes ____ No ____.

List maximum number of guests that can be served at one time ____.

Cabins: Number of cabins ____, # Owned ____ #Leased ____.

Are they equipped with cooking facilities? Yes ____ No ____.

Maximum number of guests per cabin ____ List # of cook stoves ____ List # of heating stoves ____.

Tents: Number of tents: sleeping ____, # Owned ____ #Leased ____; cooking ____, # Owned ____ #Leased ____;

tack tents ____, # Owned ____ #Leased ____ Food serving equipment for ____ number of

guests and employees. List # of cook stoves ____ List # of heating stoves ____.

List all vehicles, boats, rafts, trailers, camping trailers, and other large equipment by the criteria listed below and indicate if owned or leased:

TYPE OF VEHICLE, (TRUCK,BOAT, TRAILER, ETC.)	MAKE	MODEL	YEAR	DESCRIPTION	OWNED OR LEASED	For Inspection Purposes Only. (S or U)

FIRST AID KITS:

TYPE	NUMBER/ QUANTITY	OWNED	LEASED
BASIC			
ADVANCED			
OTHER			

BOATING EQUIPMENT:

TYPE	NUMBER/ QUANTITY	OWNED	LEASED
OARS			
LIFE JACKETS			
PUMPS			
PADDLES			
MOTORS			

LIVESTOCK:

TYPE	NUMBER/ QUANTITY	OWNED	LEASED
HORSE			
MULE			
OTHER			

TACK:

TYPE	NUMBER/ QUANTITY	OWNED	LEASED
RIDING SADDLE			
PACK SADDLES			
PANNIERS			
MANTIES			
BLANKETS/ PADS			
BRIDLES			
HALTERS			
HARNESS			

LIST ANY ADDITIONAL EQUIPMENT:

SECTION E: EMPLOYEE AND GENERAL INFORMATION

What is the average number of fishing guides you will hire or contract with each year? _____

What is the average number of hunting guides you will hire or contract with each year? _____

What is the average number of other employees you will hire or contract with each year? _____

Do you rent transportation or equipment from your employees? Yes _____ No _____

Do you rent from any other sources? Yes _____ No _____

SECTION F: PROOF OF INSURANCE

If available at time of application provide the following information regarding required liability insurance. (Note: Proof of current insurance will be required before a license will be issued per [ARM 24.171.509] and may be provided after passing the outfitter exam.)

- (a) policy owner _____
- (b) policy number _____
- (c) insurance company name _____
- (d) effective dates _____
- (e) name of insurance agent _____
- (f) agent phone number _____

SECTION G:

ATTACH A COPY OF YOUR PROPOSED RATE SCHEDULE AND DEPOSIT REFUND POLICY [ARM 24.171.2301]

SECTION H: CERTIFICATION AND SIGNATURE

I hereby certify that the information provided is correct, the equipment listed is owned or leased by the outfitter or the business for which the outfitter's license is issued, is in good operating condition and is satisfactory for the services to be performed. I also certify that the authorized land use agency or land owner has issued permission approving use of the land or water for operations identified herein or that the agency or land owner has been contacted personally and an authorized response has been received approving the land or water use without written permission.

Signature of Outfitter & Date

*Signature of Sole Proprietor,
General Partner or Corporate Officer*

THIS SECTION FOR INSPECTION PURPOSES ONLY. WAS EQUIPMENT AND LIVESTOCK SUFFICIENT TO PERFORM THE SERVICES LISTED? YES NO. LIST ANY DEFICIENCIES AND COMMENTS: _____

LIST ANY ADDITIONAL EQUIPMENT THAT NEEDS TO BE ADDED TO THE OPERATIONS PLAN OR COMMENTS ABOUT THE INSPECTION: _____

ON THE BASIS OF THE GENERAL APPEARANCE OF THE EQUIPMENT YOU INSPECTED, WOULD YOU SUGGEST THE BOARD OF OUTFITTERS ISSUE THE APPLICANT AN OUTFITTER'S LICENSE? YES NO

INSPECTION CHECKLIST:

INITIAL

DATE

GENERAL INFORMATION VERIFIED

INSURANCE VERIFIED

LODGING AND EQUIPMENT VERIFIED

AREA OF OPERATIONS VERIFIED

PERMITS OR LEASES VERIFIED

(attach)

RATE SHEET AND DEPOSIT REFUND POLICY

INDEPENDENT CONTRACTOR USE EXPLAINED

SET-ASIDE LICENSE USE EXPLAINED

OPERATION PLAN AMENDMENTS EXPLAINED

CLIENT LOG COMPLETION EXPLAINED

NET CLIENT HUNTER USE EXPLAINED

INSPECTOR'S NAME: _____ INSPECTION DATE: _____